

IN THE CIRCUIT COURT OF HINDS COUNTY, MISSISSIPPI

KIMBERLY CROSBY

PLAINTIFF

VS.

NO. 17-285

FEDERAL EXPRESS CORPORATION

DEFENDANT

**COMPLAINT**

COMES NOW the plaintiff, Kimberly Crosby, by and through her attorney, and files this complaint against Federal Express Corporation, and for cause of action would respectfully show as follows:

1. Plaintiff, Kimberly Crosby, is an adult resident citizen of the State of Mississippi residing in Hinds County, Mississippi.

2. Defendant Federal Express Corporation, a corporation organized under the laws of the State of Tennessee, is authorized to do and doing business in the State of Mississippi and has appointed C.T. Corporation System as its registered agent for process. Plaintiff requests that process be served upon defendant through the office of the Sheriff of Rankin County.

3. On December 7, 2016, Kimberly Crosby was driving in a southerly direction on Interstate 55 near mile marker 118 and Sowell Road, operating her 2015 Chevrolet Camaro in a safe manner in the inside lane of I-55 South. Defendant's 2012 Freightliner Tractor Trailer bearing license plate no. 2134065, traveling at approximately 70 miles per hour, veered into her lane and crashed into her car, causing extensive damage. The impact propelled her vehicle across the median into traffic in the northbound lane of I-55, where she was struck by a COTA Express Freightliner, resulting in major damage to her vehicle and personal injuries.

4. Plaintiff would show that the collision was the direct and proximate result of the negligence of the defendant's employee in his failure to maintain a safe distance between vehicles,

improper lane usage, and failing to keep a proper lookout for the plaintiff and others traveling along I-55 South.

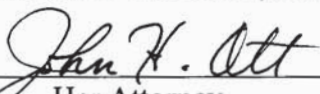
5. Plaintiff would further show that she is entitled to judgment against the defendant for all damages sustained as a result of the negligence of defendant's driver, including but not limited to: damage to her vehicle; loss of use of her vehicle; past and present pain and suffering; and all medical expenses incurred as a result of her injuries.

WHEREFORE, PREMISES CONSIDERED, plaintiff, Kimberly Crosby, demands judgment against Federal Express Corporation in an amount sufficient to fully compensate her for all damages resulting from the negligence of defendant's employee, including property damage, loss of use of her vehicle, past and present pain and suffering; and all medical expenses incurred as a result of the December 7, 2016, collision.

Plaintiff requests that the clerk issue process to the defendant in the form and manner required by law, to be served by the Sheriff of Rankin County, Mississippi.

Respectfully submitted:

KIMBERLY CROSBY, Plaintiff

By   
Her Attorney

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<b>COVER SHEET</b>		Court Identification Docket #		Case Year	Docket Number
<b>Civil Case Filing Form</b> (To be completed by Attorney/Party Prior to Filing of Pleading)		<div style="border: 1px solid black; padding: 2px;">25</div> County #	<div style="border: 1px solid black; padding: 2px;">1</div> Judicial District	<div style="border: 1px solid black; padding: 2px;">2017</div> Court ID (CH, CI, CO)	<div style="border: 1px solid black; padding: 2px;">285</div> Docket Number
		<div style="border: 1px solid black; padding: 2px;">05</div> Month		<div style="border: 1px solid black; padding: 2px;">10</div> Date	<div style="border: 1px solid black; padding: 2px;">17</div> Year
Mississippi Supreme Court Administrative Office of Courts		Form AOC/01 (Rev 2016)		This area to be completed by clerk	
In the <u>CIRCUIT</u>		Court of <u>HINDS</u>		County —	Judicial District
<b>Origin of Suit (Place an "X" in one box only)</b>					
<input type="checkbox"/> Initial Filing <input type="checkbox"/> Remanded		<input type="checkbox"/> Reinstated <input type="checkbox"/> Reopened		<input type="checkbox"/> Foreign Judgment Enrolled <input type="checkbox"/> Joining Suit/Action	
				<input type="checkbox"/> Transfer from Other court <input type="checkbox"/> Appeal	
				<input type="checkbox"/> Other	
<b>Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form</b>					
<b>Individual</b> <u>Crosby</u> <u>Kimberly</u>					
Last Name		First Name		Maiden Name, if applicable	M.I. Jr/Sr/III/IV
<input type="checkbox"/> Check ( x ) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:					
<input type="checkbox"/> Check ( x ) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity:					
<b>Business</b>					
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated					
<input type="checkbox"/> Check ( x ) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below:					
<b>Address of Plaintiff</b> <u>3418 Shannon Dale Dr., Jackson, MS 39212</u>					
<b>Attorney (Name &amp; Address)</b> <u>John H. Ott, P.O. Box 1684, McComb, MS 39649</u>				<b>MS Bar No.</b> <u>3950</u>	
<input type="checkbox"/> Check ( x ) if Individual Filing Initial Pleading is NOT an attorney					
Signature of Individual Filing: <u>John H. Ott</u>					
<b>Defendant - Name of Defendant - Enter Additional Defendants on Separate Form</b>					
<b>Individual</b>					
Last Name		First Name		Maiden Name, if applicable	M.I. Jr/Sr/III/IV
<input type="checkbox"/> Check ( x ) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:					
<input type="checkbox"/> Check ( x ) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity:					
<b>Business</b>					
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated					
<input type="checkbox"/> Check ( x ) if Business Defendant is acting in the name of an entity other than the above, and enter below:					
<b>Attorney (Name &amp; Address) - If Known</b>					
<b>Check ( x ) if child support is contemplated as an issue in this suit.*</b> *If checked, please submit completed Child Support Information Sheet with this Cover Sheet					
<b>Nature of Suit (Place an "X" in one box only)</b>					
Domestic Relations		Business/Commercial		Children/Minors - Non-Domestic	
<input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Contempt <input type="checkbox"/> Divorce: Fault <input type="checkbox"/> Divorce: Irreconcilable Diff. <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Term. of Parental Rights-Chancery <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA) <input type="checkbox"/> Other		<input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Business Dissolution <input type="checkbox"/> Debt Collection <input type="checkbox"/> Employment <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Replevin <input type="checkbox"/> Other		<input type="checkbox"/> Adoption - Contested <input type="checkbox"/> Adoption - Uncontested <input type="checkbox"/> Consent to Abortion <input type="checkbox"/> Minor Removal of Minority <input type="checkbox"/> Other	
		Probate		Civil Rights	
		<input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Mental Health Commitment <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Muniment of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest <input type="checkbox"/> Alcohol/Drug Commitment (Involuntary)		<input type="checkbox"/> Elections <input type="checkbox"/> Expungement <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Post Conviction Relief/Prisoner <input type="checkbox"/> Other	
Appeals				Contract	
<input type="checkbox"/> Administrative Agency <input type="checkbox"/> County Court <input type="checkbox"/> Hardship Petition (Driver License) <input type="checkbox"/> Justice Court <input type="checkbox"/> MS Dept Employment Security <input type="checkbox"/> Municipal Court <input type="checkbox"/> Other				<input type="checkbox"/> Breach of Contract <input type="checkbox"/> Installment Contract <input type="checkbox"/> Insurance <input type="checkbox"/> Specific Performance <input type="checkbox"/> Other	
				Statutes/Rules	
				<input type="checkbox"/> Bond Validation <input type="checkbox"/> Civil Forfeiture <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Injunction or Restraining Order <input type="checkbox"/> Other	
<b>Real Property</b>					
<input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Eviction <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Tax Sale: Confirm/Cancel <input type="checkbox"/> Title Boundary or Easement <input type="checkbox"/> Other					
<b>Torts</b>					
<input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Mass Tort <input type="checkbox"/> Negligence - General <input checked="" type="checkbox"/> Negligence - Motor Vehicle <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Subrogation <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Other					